



## EDPA Small Equine Testing Supervising Veterinarian Evaluation Form

Please Print – ALL Areas MUST be Completed

Date:	Applicant Name:		
Supervising Veterinarian:			
Vet Clinic Address:			
Veterinarian Phone #:		Veterinarian Email:	
Horses Name		Case Study #	
Horse Owner		Owner's Phone #	
			<b>YES</b>
			<b>NO</b>
Approach, Handling Animal Sense	Confident?		
	Aggressive?		
	Agitated?		
	Comfortable		
Pre-Evaluating Animals Condition	Check or Ask for Vital Signs?		
	Identify Proper Condition (Body Score)?		
	Asked about Horse's Current Diet?		
	Asked about Horse's Health Issues?		
Cleanliness and Preparedness	Sterilized / Clean Tools?		
Safety	Proper use of head stand or head suspension?		
	Proper head position for oral flushing?		
	Proper eye protection, gloves and lighting source?		
	Proper use of speculum with adequate rest time?		
Appropriate Tool Use	Appropriate use of tools for Small Equine?		
	Was any harm or trauma caused during procedure?		
Professionalism	Professional conduct with clients/agents/trainers?		
	Knowledge of Small Equine Issues and concerns?		
	Were there any communications of post dental care?		
Comments/ Recommendations			
<b>Supervising Veterinarian Signature</b>			
<b>Applicant Signature</b>			